

**CRS at Yuma CYE 07 Administrative Review**  
**Corrective Action Plan**  
**July 30, 2007**

Standard #	CRSA Recommendation	CRS Clinic Comments and/or Recommendations	Responsible Staff	Start Date	End Date	CRSA Comments
CS 4	CRS Yuma must ensure consistent and timely payments are met according to contract requirements.	<p>The Yuma CRS (YCRS) Business Operations Supervisor will run claim reports to identify open claims and analyze the reason for non-payment. Information will be reviewed with claims staff and a plan will be discussed to ensure 90% of claims are paid within 30 days and 99% within 60 days.</p> <p>A monthly report will be run on paid claims to determine if the timeframe were met. The issues identified will be tracked and trended and reviewed with staff.</p> <p>The above two reports will be run prior to the monthly ADHS Claims report in an effort to identify any training, education or barriers. The monthly CRS ADHS claims report will be utilized as a reference to confirm claims paid on a timely manner.</p> <p>CRS Business Supervisor, Luz Valle, communicated ADHS requirement with the YRMC Accounting Department and provided a copy of the YCRS Claims Processing and payment policy to ensure process is acceptable.</p>	Luz Valle, Business Supervisor	July 1, 2007	Continuous and on-going	
CS 15	CRS Yuma must provide evidence of receiving and paying at least 25% of all claims electronically (excluding claims processed by PBM).	<p>Yuma CRS (YCRS) has identified that UB and Pharmacy encounters result in over the 25% electronic claim requirement.</p> <p>YCRS is currently receiving UB claims from Yuma Regional Medical Center (YRMC) electronically. YCRS continues to work with YRMC on ensuring the data is received accurately and on a timely basis.</p> <p>Effective July 16, 2007 YCRS started receiving pharmacy claims electronically and</p>	Luz Valle, Business Supervisor	July 14, 2007	8/13/07	

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		are now receiving 25% claims electronically.  YCRS and YRMC have scheduled meetings to discuss progress. Meetings are scheduled with vendor Rehab Manager as needed. Regular updates will be reported to the Executed QM/UM Committee members.				
CC 2	CRS Yuma must maintain agenda, sign in sheets and other documents to ensure its staff attends cultural competency sessions.	The Yuma CRS Program is a component of the Children's Health Services (CHS) Department of the Yuma Regional Medical Center. Each month all components of the CHS Department come together for a Department meeting. Each month during the CHS Department meeting a 5-10 minute presentation either on cultural competency or LEP's will be presented to the staff. Cultural Competency and LEP educational information will be a standing agenda topic for each months CHS meeting. All sign-in sheets will be kept with the CHS Department meeting minutes. In addition to the formal requirements of a Cultural Competency and LEP program the staff at CHS has informal programs that consist of pot-lucks whereby the FUN Committee team members will identify a cultural theme for the upcoming department pot-luck. During this time the staff participates in preparing, purchasing and eating foods from the Culture they have identified as the theme for the potluck. Presentation on the culture is made during the pot-luck in a fun and informative way. Also staff at there own discretion may dress in the traditional garment for the culture identified. Please see attached power-point presentation for the potluck theme for the month of June. Sign-in sheets are also maintained for these events and kept on file within the CHS Department. -	Lorraine Falto-Torro, Clinical Supervisor	Formal Cultural Competency starts July 2, 2007  Informal Cultural Competency start date: June 20, 2007	8/06/07	
FM 1	CRS Yuma must provide complete, timely and accurate	Luz Valle, CRS Business Supervisor, met with Cynthia Lane and Vicki Margaritis on July 09, 2007 for assistance on creating a	Luz Valle, Business Supervisor and	March 29, 2007	Continuous and on-going	

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	financial records.	<p>Correction Action Plan for the ADHS Financial Report.</p> <p>Luz Valle and Todd Hirte, Managed Care Director met on July 18, 2007 and created a checklist of those areas identified as discrepancies in previous letters sent to Yuma CRS by ADHS. Checklist will be implemented in the Yuma CRS ADHS Financial Report quarter ending 06/30/07.</p> <p>Yuma CRS will notify Managed Care Director of changes, additions and high cost expenditures. Managed Care Director will complete a check and balance and perform quality control of statement.</p>	Todd Hirte, Managed Care Director			
GA 3	CRS Yuma must notify providers of policy changes as they occur and maintain documentation that verifies notification.	Upon notification from CRSA to the Director of Community Patient Services of policy changes YCRS will notify its contracted providers via U.S. Postal Service within five business days of notification from CRSA	Pam Miller, Director of Community Patient Services	June 28, 2007	As updates are needed.	
GA 4	CRS Yuma must disseminate Provider Manual updates and changes to its providers and maintain documentation to verify that dissemination.	Upon notification from CRSA to the Director of Community Patient Services for Provider Manual changes; YRMC will notify its contracted providers via U.S. Postal Service within five business days of notification from CRSA.	Pam Miller, Director of Community Patient Services	June 28, 2007	As updates are needed.	
GA 5	CRS Yuma or YRMC must conduct audits or reviews that would be adequate to detect fraud and program abuse within the CRS Yuma Clinic or any of the Clinic's contractors. CRS Yuma must ensure that their designated	The Yuma CRS Compliance and Regulatory Specialist began attending the Yuma Regional Medical Center Corporate Compliance Committee Meetings in May of 2007. The Yuma CRS Compliance and Regulatory Specialist will be leaving Yuma Regional Medical Center on June 29, 2007 at which time Pam Miller, Director of Community Patient Services who is the Administrative Director for Yuma CRS will attend the meetings as the designated CRS	Pam Miller, Director of Community Patient Services	Effective date of implementation is July 2, 2007	7/31/08	

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	Corporate Compliance Officer attends and participates in the Yuma RMC Corporate Compliance Committee meetings.	compliance representative and work in conjunction with the hospital's Corporate Compliance Officer, Pam Nalley to identify and conduct an annual audit review to detect potential fraud and program abuse within the Yuma CRS clinic. The Yuma CRS Program will also work in conjunction with the CRSA Fraud and Abuse Program Manager, Tim Stanley to align itself with conducting audits and reviews that CRSA has identified as its targeted work plan for the Regional CRS sites.				
GS 1	CRS Yuma must provide Notices of Action and/or Notices of Extension Template letters, in English or Spanish as appropriate.	CRS Yuma has developed a Spanish Template letter for Notice of Action and Notices of Extension. The QM/UM Executive Committee will perform monthly trending of the Notice of Action or Notice of Extension letters and perform reviews based on the preferred language (English or Spanish only) to determine if the appropriate template was used for communicating with the member. Please see attached NOA's and NOE's.	Lorraine Falto-Toro, Clinical Supervisor	June 18, 2007 and implemented immediately Monthly trending of NOA's and NOE's	Trending 6-29-07  Continuous and on-going	
MM 1	Yuma CRS must ensure full implementation of all old and newly developed policies. Identify how inpatient, ambulatory surgery, out patient services will be monitored for over and under utilization, gather data, identify trends, implement interventions and analyze the results of actions taken. YCRS shall conduct MM/UM/QM meetings on regular scheduled basis, including sign-in	In an effort to ensure full implementation of all developed policies, Yuma CRS Executive Management Team shall conduct MM/UM/QM meetings on a monthly basis and as needed. The CRS QM/UM Committee will meet quarterly and as needed to review and disseminate QM/UM data and activities within Yuma CRS and to make recommendations for action based upon data analysis, trends and stakeholder input.	Pam Miller, Director of Community Patient Services	6-18-07	Continuous and on-going	

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	sheet, agenda and minutes with action items for follow up.					
MM 2	CRS Yuma must conduct MM/UM/QM meetings on a regularly scheduled basis, including sign-in sheet, agenda and minutes with action items for follow-up. CRS Yuma should consider regular utilization data review, identify trends, implement interventions, analyze the actions taken and make changes to the course of action if necessary.	<p>(1) Yuma CRS MM/UM/QM Committee Meeting will meet quarterly starting with 4<sup>th</sup> Quarter of Fiscal Year 2007. The QM/UM Executive Committee meeting will be held monthly and falls under the umbrella of the QM/UM Committee. The confidentiality statement is on the agenda and the sign-In sheet for the respective committees. See template. The schedules of the QM/UM quarterly meetings are outlined below:</p> <ol style="list-style-type: none"> <li>1. June 20, 2007</li> <li>2. August 29, 2007</li> <li>3. November 21, 2007</li> <li>4. February 13, 2008</li> <li>5. May 21, 2008</li> </ol> <p>(2) The QM/UM Plan identifies the UM monitoring that will be performed by Yuma CRS and how often the monitoring will take place (Please see page 18 of the revised QM/UM Plan.). Yuma CRS has developed the <i>Utilization Review Information</i> guide. Implementing the QM/UM Plan and the <i>Utilization Review Information</i> guide will assist Yuma CRS to identify trends, implement interventions, analyze the actions taken and evaluate and make changes to the course action were needed.</p> <p>Monthly the QM/UM Executive Committee will perform utilization data review and findings, corrective actions, and measurement strategies that will be reflected in the meetings minutes and reported to the QM/UM Committee meeting.</p> <p>The schedule for the QM/UM Executive Committee is as follows:</p> <ol style="list-style-type: none"> <li>1.</li> </ol>	Pam Miller, Director of Community Patient Services	<p>Quarterly QM/UM - June 20, 2007 Monthly QM/UM Executive – June 19, 2007</p> <p>Quarterly QM/UM May 21, 2008 Monthly QM/UM Executive – June16, 2008</p>	<p>8/13/07</p> <p>Continuous and on- going</p>	

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		2. June 18, 2007 3. June 25, 2007 4. July 20, 2007 5. August 20, 2007 6. September 17, 2007 7. October 15, 2007 8. November 19, 2007 9. December 17, 2007 10. January 21, 2008 11. February 18, 2008 12. March 17, 2008 13. April 21, 2008 14. May 19, 2008 15. June 16, 2008				
MM 6 and MM6A	CRS Yuma must arrange IRR training and testing for all Staff involved in medical necessity determination, including the Medical Director. CRS Yuma must conduct regular checks for consistent application of review criterion for IRR and document the findings.	IRR Training: June 6, 2007 and June 25 2007 Training and Inter-rater reliability testing was performed for the nurse review staff. Based on requirements of CRSA; the frequency that Yuma CRS will perform inter-rater reliability is based on the experience level of the UM staff. Each reviewer must be at a performance rating of 80%. The criteria are as follows:  1. Experienced New Hire: Within 6 months of hire 2. New Hire without experience: Within 3 months of hire and at 6 months 3. New Hire without experience at one year of service: Twice Annually 4. Experienced Nurse who has a long history with the CRS Program and are familiar with the guidelines: Twice Annually 5. Staff who show evidence of meeting 80% or higher inter-rater reliability testing: Annually  The Medical Director will have inter-rater reliability performed annually within the fiscal year as outlined in the Medical Directors	Lorraine Falto-Toro, Clinical Supervisor	June 25, 2007	8/13/07	

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		<p>contract. The staff performed at the 80% performance measure for prior-authorization and concurrent review. The staff did not meet the performance measure for retrospective review (emergency admission), therefore, the staff will have re-training and inter-rater reliability performance testing at 3 months. Please see attached Inter-rater reliability documents.</p> <p>Yuma CRS developed a policy for Inter-rater reliability which outlines corrective actions for when the staffs do not meet required performance measure of 80%. Policy attached for review and approval.</p>				
MM 9	CRS Yuma must develop a written plan to implement corrective action when established timelines are not met.	<p>CRS Yuma will perform training and re-education with staff members not meeting timelines affecting concurrent reviews. Additional training provided by CRSA will be implemented as needed by CRS Staff.</p> <p>A CRS insurance report is being generated and it will capture all hospitalizations and emergency room visits. The report will be provided daily to the nursing staff for all concurrent review processes. Concurrent review will be performed 24 hours or 1 business day after notification of admission and every 2 days after. Review will be performed 28 days from date of notification.</p>	Lorraine Falto-Toro, Clinical Supervisor	7/9/07	Continuous and on-going	
NS 1	CRS Yuma must ensure that a clinic cancellation by providers does not affect the regularly scheduled clinic for that specialty. CRS Yuma must revise their Provider Manual and require adequate time for clinic cancellations from providers.	<p>CRS Yuma will:</p> <ul style="list-style-type: none"> <li>• Update the CRS Yuma provider manual with a requirement that the clinic provider provide CRS Yuma at least 30 days advance notice of a clinic cancellation and provide an alternate date to reschedule the clinic</li> <li>• Review and analyze the monthly Provider No Show report to track the providers that are cancelling clinics and the reasons why</li> <li>• Providers that show a cancellation trend will be referred to the CRS Yuma Medical</li> </ul>	Marcia McCarrell, Practice Coordinator	7/2/07	7/31/08	

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		<p>Director to determine what actions are needed to decrease the clinic cancellations</p> <ul style="list-style-type: none"> <li>• In the event that an emergency causes a provider to cancel a clinic after the 30 day cancellation time frame has expired, CRS Yuma will request a provider send another YRMC credentialed specialist in their place</li> <li>• Add the 30 day cancellation time frame and emergency cancellation requirement to all new and renewed provider contracts</li> </ul>				
QM 6	CRS Yuma must send acknowledgement and closure letters to members or their guardians who express a potential quality of care concern. CRS Yuma must list the "provider/entity" for each QOC and non-QOC case.	CRS Yuma will send acknowledgement and closure letters to members or their guardians who express a potential quality of care concern CRS Yuma will thoroughly complete all database entries required by CRSA for each QOC and Non-QOC case. CRS Yuma will follow guidelines set forth in the Grievance policy and procedure approved by CRSA. Education was received by CRSA to clarify all concerns regarding potential QOC concerns. Most recent training was dated 7/18/07 with Cheryl Figgs performed by CRSA.	Lorraine Falto-Toro, Clinical Supervisor	6/29/07	Continuous and on-going	
QM 11	CRS Yuma must ensure eligibility denial notifications are sent to the referring physician and health plan within 5 working days of denial determination.	<p>CRS Yuma is currently conducting a FMECA assessment on all aspects of the medical eligibility process. CRS Yuma will change their current process to include the following:</p> <p>Member Application</p> <ul style="list-style-type: none"> <li>• Another CRS staff member will be cross-trained in the CRS Eligibility process to ensure applications received are routed and completed within timelines</li> <li>• Nursing and Social Services will complete their assessments on the day of the intake interview, so during the members Enrollment Clinic all that needs to be completed is the Medical Directors</li> </ul>	Marcia McCarrell, Practice Coordinator	7/2/07	Continuous and on-going	



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		<p>assessment and authorization of approval or denial</p> <p><u>Medical Eligibility denials</u></p> <ol style="list-style-type: none"> <li>1. A denial blank template letter will be attached to the new enrollment chart.</li> <li>2. Have the Medical Director sign all medical eligibility letters before the end of the applicants enrollment clinic</li> <li>3. Nursing will provide the letters to the front office staff no later than the next business day after the applicants Enrollment Clinic</li> <li>4. Front Office staff will mail the denial letter the day it is received from nursing to the appropriate stakeholders.</li> <li>5. If Nursing has other post-clinic activities they can complete them without affecting the mailing of the denial letter.</li> </ol>				